Oula

POSTPARTUM 101:

Oula's Guide to the 4th Trimester

Table of Contents

Congratulations on the birth of your baby and welcome to the Fourth Trimester at Oula!

The first few days and weeks can be overwhelming in every way but we're here to support you through the physical, emotional, and social changes of this transition. We wrote this guide to be a quick reference for the most common questions and concerns in the early days. Please don't hesitate to reach out if you have any further questions about your healing.

PART ONE

Physical Healing

Pain Management

Postpartum cramping, incision pain, headaches, and muscle aches are very real! You don't have to be a hero: pain medication is available to help you feel well as your body recovers. Most people are able to manage their post-discharge pain with over-the-counter pain medications like ibuprofen (aka Motrin or Advil) or acetaminophen (aka Tylenol).

DOSAGE GUIDE

Ibuprofen	Tylenol
600mg every six hours, or 800mg every 8 hours	975mg or 1000mg every six hours

WHEN TO CALL US

If you are not able to manage your pain with these medications, please call us so we can consider any underlying causes for your pain and make a plan to help get you feeling better.

Many people find that they get good pain relief when they stagger the timing of these medications. Take one of the two medications now, and the other three hours later, and the first one again three hours after that. By using this "leapfrog" dosing schedule, you're still taking each medication on the "every six hour" schedule, but you don't go more than three or four hours without some medicine for pain.

If you have a cesarean birth or a complicated vaginal laceration, you may be discharged with some prescription pain medication. *Please take these as directed on the prescription.*

As your pain improves, you should start weaning yourself off of pain medication by extending the time between doses. For example, you will still take the Ibuprofen 600mg, but you'll wait eight or ten hours between doses. You can also wait even longer, but remember that they take a bit of time to kick in so don't wait until you're in agony before you take something.

Optimizing Rest

It takes a lot of rest to heal your body after birth. You may feel energetic and strong soon after the birth, **but for the first two weeks try to limit your activities to eating, sleeping, and taking care of the baby.** Try not to lift anything heavier than the baby. Do not clean, cook, host lots of visitors, or organize your house. When you go outside, do not walk more than a few blocks before returning home (except for the pediatrician visits). Try to take it easy, even inside your own home. It is impossible to sleep every time the baby sleeps, but try to lie down and rest twice each day. Even a thirty minute rest can help you to recharge.

After the first two weeks, you can slowly increase your activity. After a month, you can return to very gentle exercise. Please wait until your six week visit to begin any real exercise.

Here are some useful tips to help promote rest:

1. Find ways to mark your own “bedtime” even if you know you will be getting up to feed and care for your newborn in a few hours.

2. Remember this period of sleep transition is not forever and the short-term goal is to piece together 6 hours in a 24 hour cycle, even if non-consecutive sleep.

3. Draw a warm bath, try a lavender bath soak or epsom salt if you are sore or aching.

4. Make a warm drink before sleep, warm milk with cinnamon or herbal ‘sleepy time’ teas are great.

5. Find a position that is supported and restful, use pillows.

6. Try a guided progressive relaxation exercise or use a meditation app.

7. Get out of bed, go to a different room and engage in a quiet non-screen activity like reading, writing, listening to the radio until you feel sleepy.

8. Practice healthy screen hygiene. Limit electronic use once the sun sets and try to leave your phone in another room while you sleep.

Wound Healing

If you have an abdominal incision or perineal wound, you will need to keep those areas clean & dry as they heal. Let soapy water run over them in the shower and pat to dry. Be sure to expose the incision to good air-flow (don't keep it covered all day).

PERINEAL & VAGINAL

If you have a perineal or vaginal laceration, the stitches will dissolve and do not need to be removed. Use the peri-bottle to spray the area to clean it and pat dry with toilet paper. You can keep ice on the area for the first 24 hours, and do warm sitz baths (shallow baths that dunk your perineum in warm water) 10 minutes, 2-3 times per day until the area feels better.

Sitz baths provide cleaning and improved circulation to this delicate area. They are soothing and therapeutic—don't skip them! You can add healing herbs or epsom salts to the water in the sitz bath, but even plain warm water has the desired effect. A numbing spray like Dermoplast; or cold witch hazel pads on your perineum may be soothing.

It is normal to see a stitch piece or knot come out on the pad or toilet paper as the stitches dissolve. At about seven days postpartum, the normal healing process may make the repair feel very tight or itchy. Even if you did not need stitches, we still recommend that you wait until your six week postpartum visit to have vaginal intercourse or insert anything into the vagina.

CESAREAN INCISION

Most abdominal incisions from cesarean birth are closed with a plastic surgery-style closure which means the stitches are not visible on the skin surface. The stitches will dissolve on their own and do not need to be removed. These stitches will be reinforced with “steri-strips” over your incision to help keep it closed as it is healing.

Occasionally, you might notice a small knot or piece of suture material that comes above the skin surface. This is normal and can be ignored—it will slough off eventually.

Overall, do your best to keep the wound clean and dry. Allow the wound air exposure once the dressing has been removed. Have some high-waisted comfortable cotton underwear for home to minimize any irritation at the wound site.

You may notice that **abdominal support can feel good**—some patients wear an abdominal binder and some prefer to “brace” the incision when anticipating a quick movement (place a pillow over your incision with added pressure from your flat palms while coughing, sneezing, laughing, or using the bathroom).

WHEN TO CALL US

If you notice that the incision or wound is bleeding, opening, leaking pus, if areas of redness on the edges are getting larger, or if you are not able to manage your pain with the medications you were given.

Cesarean Wound Follow-up

AT YOUR TWO WEEK VISIT WITH US:

We're looking for a wound that appears intact, without redness or swelling, and is non-tender with gentle touch. We will remove any remaining wound dressings or steri-strips left on at discharge.

AFTER YOUR TWO WEEK WOUND CHECK:

We recommend you use Vitamin E oil topically for the first 3-4 weeks post-op followed by silicone strips and mederma scar gel application after that.

AFTER YOUR SIX WEEK VISIT:

We'll talk about cesarean scar massage. We also recommend a licensed Physical Therapist visit for wound and muscular rehabilitation.

PART TWO

Expected Symptoms & Changes

Mood Changes

Mood changes are very common in the first few weeks postpartum. **About 85% of birthing parents experience the "baby blues" in the first few weeks after birth.** It is common for postpartum hormones to swing your mood back and forth between ecstatic and tearful for the first two weeks.

After the first two weeks, you should start to feel more like yourself, with even more stability by the time the baby is one month old. Please know that it is normal to have some questioning or negative thoughts about your abilities as a parent. It is also normal to need some time to process the intensity of your labor and birth experience. We have resources and support for you, so please reach out at any time.

Postpartum depression and anxiety are less common than the baby blues, but can cause mood changes for much longer, and affect about 10% of birthing people. **Please don't discount mood changes, especially if they feel like they're impacting your life—these mood disorders are real and treatable.**

WHEN TO CALL US

If you'd like to discuss what you're feeling or if you'd like a referral to a mental health therapist that specializes in postpartum. **If you have any thoughts of doing harm to yourself or the baby, you need emergency attention and should seek care at the emergency room.**

Perinatal mood disorders can present with **depressive symptoms** (you feel unable to "rally" to take care of yourself or your baby) or **anxiety symptoms** (a sense of heightened anxiety that manifests as hyper-vigilance, keeps you from sleeping, or has you feeling like you can't go "off duty"). If you have intrusive thoughts or ideas about doing harm to yourself or your baby, that can be a sign of postpartum psychosis, and you should immediately seek care at an emergency room.

Postpartum Cramping

As your uterus goes back to its pre-pregnant size, you may feel mild to strong cramping postpartum. The cramping may be stronger with nipple stimulation, especially if this is not your first baby. The cramping usually improves each day postpartum. Ibuprofen (600 mg every six hours) will help relieve this pain. Remember to empty your bladder frequently—especially before you feed or pump. A warm heating pad or hot water bottle can also be soothing.

Postpartum Bleeding

You can expect to have vaginal bleeding for three to 10 weeks after the birth of your baby. The bleeding will taper from dark red to brown to yellow. In the first few days after the birth, you might notice that you pass some small blood clots. As you recover, you will notice that the bleeding might get heavier if you've had a busy day. This is normal. This bleeding is called "lochia." Lochia has an earthy smell.

It is also normal to notice a return to bright red bleeding at about 7 to 10 days after the birth, this is called eschar. Eschar happens when the scab over the placental site breaks down—in much the same way that a scab on your knee might bleed if you disrupted it, the scab at your placenta can cause a day or two of red bleeding a week or two after the birth. **You can expect some fluctuations in the volume or color of your postpartum discharge over the first few weeks of your recovery. If your bleeding starts to increase, it can be a good reminder to take it easy!**

Be prepared with pads and a peri-bottle to manage your postpartum bleeding—change your pad when it is soiled or with each trip to the bathroom. Do not use tampons during this time or put anything into the vagina.

WHEN TO CALL US

If you have pain that you are unable to manage with the recommended pain medication or if you feel like your pain is worsening day-to-day instead of improving.

If you notice that your vaginal bleeding is heavy, bright red, and soaking through more than two pads per hour, or if you are passing clots the size of a lemon or larger. If you notice foul-smelling or pus-like discharge.

Bowel Movements

Because birth can make your body feel quite sore, it's common to feel nervous about going to the bathroom for the first few days postpartum. You're likely to later feel that the first few postpartum poops were not as difficult as you'd imagined, but constipation can be an issue, especially for patients who had a deep vaginal tear or cesarean birth.

Here are some things you can try to help maintain normal bowel activity:

- Increase dietary fiber through bran cereals, rehydrated prunes or prune juice, leafy vegetables, or psyllium husk added to your smoothie or oatmeal.
- Be sure to get adequate hydration by drinking 8-10 glasses of water each day. This will help keep things moving.
- Slowly return to activity with short daily walks as being sedentary can worsen constipation.
- Ginger or peppermint tea with a heating pad can be soothing for gas pains.
- Consider a magnesium supplement, either sprayed topically or taken orally.
- OTC medications like Miralax or Colace are also available and safe postpartum.

Hemorrhoids

As your pelvic floor regains its strength, you may experience a new onset of hemorrhoids or notice pre-existing ones that worsen.

Here are some things you can try:

- Ice packs covered in a clean cloth to the rectum.
- Vary between ice sitz baths or warm sitz baths/ warm compress.
- Cold Witch Hazel Pads (like Tucks) or Preparation H cream.
- Anusol suppositories.
- Increase dietary fiber through bran cereals, rehydrated prunes or prune juice, leafy vegetables, or psyllium husk added to your smoothie or oatmeal.
- Be sure to get adequate hydration.
- Avoid straining on the toilet, this can exacerbate hemorrhoids.
- Use a hemorrhoid donut pillow.
- Kegel exercises.

PART THREE

Feeding

Feeding Yourself

Aim to maintain the same healthy eating habits in the postpartum period that you followed in pregnancy. In the first two weeks postpartum, nutrition is essential to aid in healing from the hard work of your birth. Try to follow an **eating plan that is high in fresh fruits and vegetables, eat adequate protein, healthy fats, whole grains and minimize refined sugars.**

It is essential to **stay well hydrated in the fourth trimester**. To establish and maintain your milk supply in the early postpartum period, drink 2-3 liters of water each day. After the first few days postpartum your body has little need for additional fluids so respond to your thirst and drink accordingly. If you choose to breast/chestfeed, your body will need an extra 500 calories to maintain adequate lactation, more additional calories than it needed while pregnant.

Feeding Your Baby

Your body will make milk regardless of whether you are breast or chest feeding. Milk production happens in two main phases—the initial “engorgement” which is caused by hormonal changes that happen after the birth of the baby and the placenta, followed by the supply and demand feedback loop that comes from ongoing feeding.

If you are planning to breast/chest feed, it is important to drain the breast/chest at least every three hours, around the clock to establish your milk supply. **During the first week, feed the baby on demand, but don’t let more than three hours go by between feeding or pumping.** You may need to wake the baby up to eat if it has been three hours. If the baby is not able to nurse, you may need to consult with a lactation specialist about hand-expression or pumping.

You can expect your milk to come in between the second and fifth day postpartum. When it comes in, your breast/chest may feel full, hot, or hard. That feeling should soften after a feed.

Newborn Feeding Group
Our Newborn Feeding Group is a free, non-judgmental space for you to drop in for support and guidance on all aspects of infant feeding. Sign up in your Oula Portal.

If the baby has trouble feeding on your engorged chest you can:

- Apply a hot compress before nursing, or nurse after a hot shower.
- Manually express milk in the shower to soften the area around the nipple.
- If heat doesn't work to help the baby to latch, try a cold compress after a feeding to bring down the swelling.
- Keep a head of cabbage in the refrigerator and place an entire cabbage leaf over each breast, under your bra (it helps to "crinkle" the leaf a little to release some of the cabbage juice).
- Try to bring the swelling down by taking some ibuprofen. You may also notice a low grade fever—less than 100.4 which resolves as the milk transitions.

After a week, the baby can follow their own schedule and you will start recognizing your baby's hunger cues. **Check in with your pediatrician about your feeding schedule but remember "early and often" is the rule of thumb as your milk supply is increasing over the first 4 weeks postpartum.** You will learn to distinguish between eating and just sucking (eating may have a "suck-suck-short pause" rhythm instead of "suck-suck-suck-suck", the muscles by the ears will be working, and you may hear swallowing). If the baby has recently fed, and is on the chest just sucking for comfort, use your pinky finger to disconnect the latch and comfort them another way.

If you are not bodyfeeding, you will experience a sense that your milk "comes in" but that milk supply will fade over time because you are not adding demand from ongoing feeds. It is wise to wear a tight fitting compression-style bra, and do your best to minimize any stimulation that might be a signal for your body to make more milk. Follow the advice above (cabbage leaves, cold compresses, ibuprofen) to minimize the discomfort from engorgement.

Learning to feed your baby is a new skill that takes support and patience. We are happy to help you with feeding questions over the phone. It is better to get help earlier rather than later!

WHEN TO CALL US

If you have hard, painful areas that look red & feel warm to the touch, you have a fever over 100.4 with a feeling of malaise (feeling off, unwell) or notice any blood in your milk or open sores on your nipple.

PART FOUR

Warning Signs

Key Warning Signs

Please pay attention to the changes in your body and contact us right away if you experience any of the following:

- Heavy bright red bleeding, more than two soaked pads per hour or passing clots the size of a lemon or larger.
- A fever over 100.4.
- Breast/chest-feeding or nipple concerns especially if accompanied by bleeding, fever or general malaise (feeling unwell).
- Concerns about your stitches or wound healing.
- New or worsening pain that does not respond to pain medication.
- Shortness of breath, chest pain, swelling or discoloration in one limb compared to the other. Pain at the back of the calf or thigh.
- Headache that does not respond to ibuprofen or Tylenol, or visual changes (flashing lights or blank spots in your field of vision). Nausea/vomiting, or acute pain on the upper right side of your abdomen. These could be signs of a serious complication called preeclampsia.
- If a hemorrhoid is bleeding, itchy, or very painful.

- To discuss your mood changes or if you think you need a referral to a mental health therapist that specializes in postpartum anxiety or depression. If you have any thoughts of doing harm to yourself or the baby, you need emergency attention.

- After cesarean: if you notice that the abdominal incision is bleeding, opening, leaking pus, if areas of redness on the edges are getting larger, or if you are not able to manage your pain with the medications you were given.

- Or any concerns at all...we are here for you.

Signs of Infection

Fever can be a sign of infection. In the postpartum period, potential sources of infection might be your uterus, your wound or incision, your breasts/chest, or your bladder.

Signs of Postpartum Preeclampsia/Headache

As your hormones fluctuate postpartum, headaches are common. The lack of sleep can contribute as well! Make sure you are well hydrated.

However, a headache that does not resolve with ibuprofen or tylenol can be a symptom of postpartum preeclampsia. Other signs of preeclampsia include:

- **Swelling**: you might notice it in your hands, your feet, or your face.
- **Visual changes** such as blurry vision, flashing lights or blank spots in your field of vision.
- **Nausea/vomiting**
- **Pain** on the upper right side of your abdomen.

Signs of a Blood Clot

If you notice that you have one leg that is significantly more swollen than the other, especially if the affected leg is “dusky”, gray or purple colored, or if you have pain in your calf or the back of your thigh, you might have developed a blood clot. This is a medical emergency and we want you to get care right away.

WHEN TO CALL US

If you have a fever higher than 100.4F, or severe abdominal pain, foul-smelling discharge. Breast/chest redness or pain. Urinary system changes like urinary retention, burning with urination, increased frequency of urination, changes in odor of your urine.

If you have a headache that does not respond to Ibuprofen or Tylenol or any other signs of postpartum preeclampsia.

If you notice symptoms of a blood clot. If you have these symptoms and are also experiencing shortness of breath, please call 911 or go to the nearest emergency room.

PART FIVE

Oula's Top 3 Tips!

1. Drink, drink, drink.

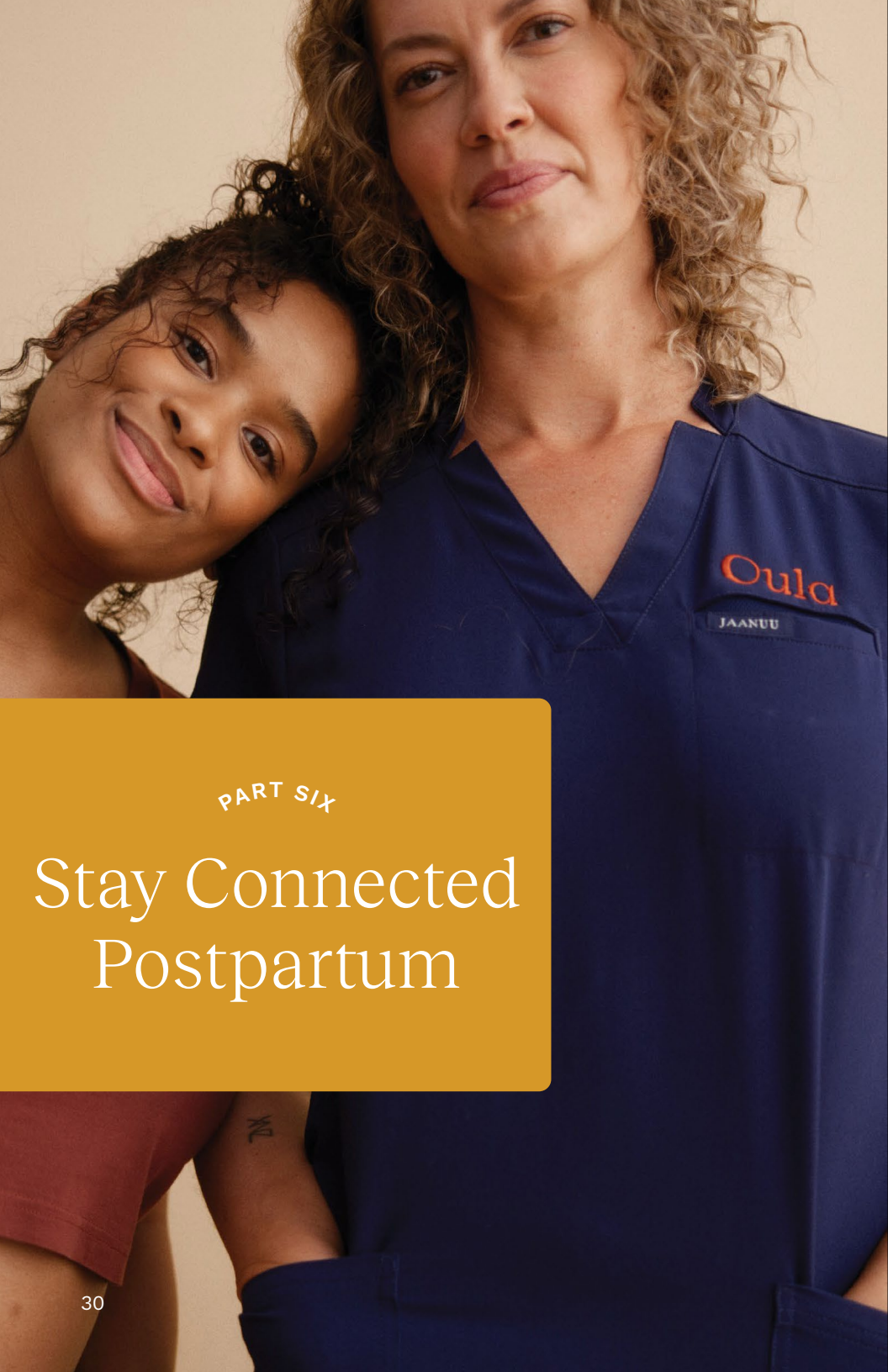
....think of hydration postpartum as one of your main jobs. You need to replenish your system to promote healing, reduce inflammation and prevent infection. Every time you go to feed your baby, refill your water bottle and hydrate yourself at the same time. Think of it like putting on your seat belt—never feed your baby without it!

2. Each morning, try to take a shower and get dressed.

In fresh clothes...even if you then go back to bed to nap or sleep with your baby. This small act of normalcy will do wonders for your mental health and sense of routine as you mark time in a new way postpartum.

3. Focus on 24 hour cycles with the goal of a small win each day.

When people ask you “how are you doing” try to recall how the last 24 hours has felt and been for you and your newborn. There is so much change to navigate every and this will help you to feel less overwhelmed. Journal about one positive moment or experience each day.



PART SIX

Stay Connected Postpartum

As You Transition Into The Fourth Trimester...

...we have several key touch points to keep you connected to your Oula team!

1. For feeding support, you are encouraged to join our Newborn Feeding Group via Zoom.

A Certified Lactation Counselor will answer all your questions about breast/chestfeeding, pumping, bottle feeding and formula. Sign up in the Perks tab of your Oula Portal!

2. You will have clinical visits with your providers—schedule a visit for six weeks postpartum!

Anyone with a high risk concern (cesarean birth, complicated vaginal laceration, high blood pressure, etc) will have more immediate follow-up at one or two weeks postpartum in addition to the six week visit.

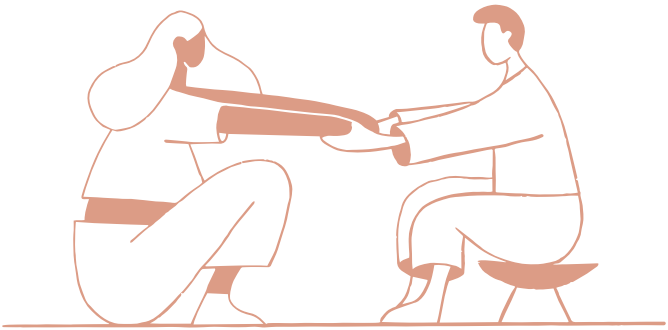
3. Have any clinical questions related to your physical or mental healing journey?

Have any clinical questions related to your physical or mental healing journey? Having feeding challenges? Just need someone to talk to? Reach out to our Care Team via the portal for resources and referrals.

Feel free to reach out anytime to let us know how we can support your unique needs.

Newborn Feeding Group

Our free **Newborn Feeding Group** is a supportive, nonjudgmental space where patients can drop in for support and guidance on all aspects of infant feeding. A Certified Lactation Counselor will answer all your questions about breast/chest feeding, pumping, bottle feeding and formula. You'll leave the session feeling confident and empowered in your feeding journey. Sign up in the Perks tab of your Patient Portal.



Sign up in the Perks tab of your Patient Portal.


Trust your
intuition

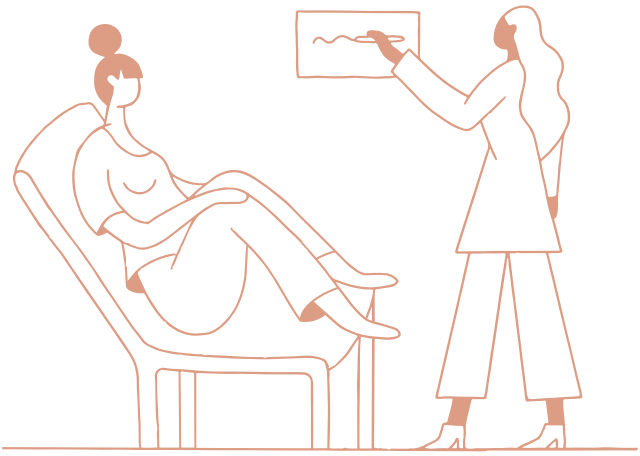
Get Gynecology Care at Oula

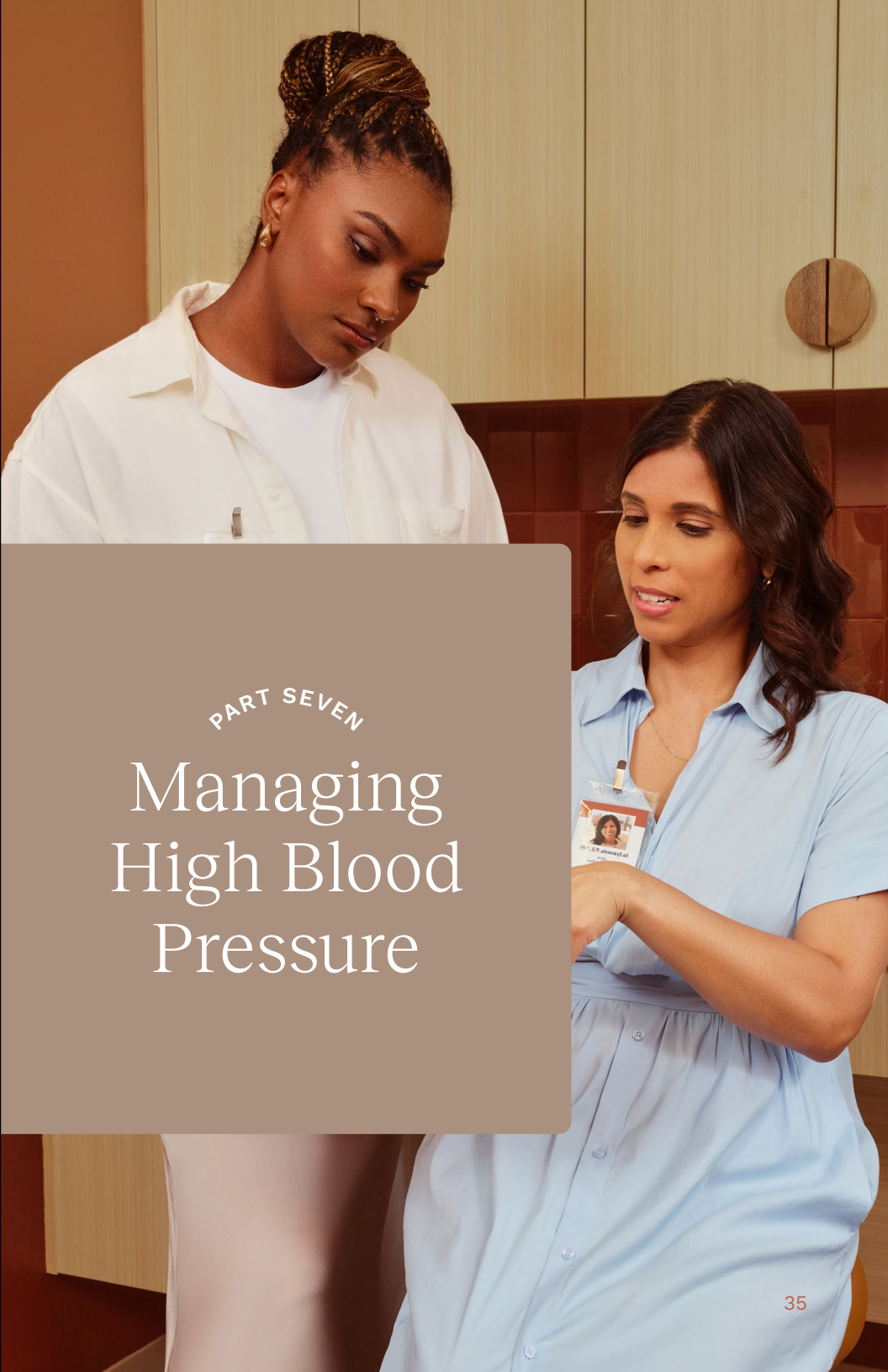
We know its hard to find a provider you trust, especially with a little one (or two!) on your hands. From your annual wellness visit to STI screening and emergency contraception, we're excited to be able to extend care at Oula beyond your pregnancy so you can continue to see us for your gynecology needs.

ANNUAL WELLNESS VISIT: Your annual, focused on preventative care, including pap smear, pelvic exam, bloodwork, and breast exam.

IN-PERSON CARE FOR SPECIFIC CONCERNS: Come see us in person for STI screening, pain, bleeding, discharge or other concerns.

VIRTUAL COUNSELING: Meet with our providers virtually for prescription needs, contraception counseling, and UTI evaluation.





PART SEVEN

Managing High Blood Pressure

Choosing The Right Equipment

NOTE

Not all patients require blood pressure monitoring. If you should take your blood pressure at home in the postpartum period, your provider will review these instructions with you at the time of discharge from the hospital.

When monitoring your blood pressure at home, we recommend **an automatic, cuff-style bicep (upper arm) BP monitor**. Choose a monitor that has been validated. You can ask your pharmacist, or check here **validatebp.org**.

Make sure it is the correct size for you and fits snug but comfortably around your arm. If possible, **bring it to your next appointment** so that we can show you how to use it properly, and make sure the readings match what we are getting in the clinic.

When should I take my BP reading?

- **Twice daily:** Once in the morning, and once in the evening. Try to take your blood pressure at roughly the same times every day.

- Try not to exercise or have any caffeine or nicotine for at least 30 minutes prior to taking your BP.

- **Do not exercise within 30 minutes of taking your BP**. Once the cuff is on, sit quietly for two minutes prior to taking the reading.

How do I take it?

- Sit properly in a straight chair with both feet on the floor, ideally at a table so that you can **rest your arm on the table while taking the reading**. Do not cross your legs or ankles.

- Place the cuff **above the bend of your elbow**. Line up the line for 'Artery' with the center part of your inner elbow.

- Press the start button and sit quietly until the reading is complete. Do not talk, move, or laugh while taking the blood pressure reading.

How do I share my BP info with my care team?

- **Visit the Monitoring section of your portal** (my.oulahealth.com/monitoring) to log your blood pressure daily: once in the morning, and once in the evening. When you log your blood pressure, we'll immediately notify you if any further action is necessary. For the most accurate recommendations, please try your best to log your readings every day, in real time.

When should I call Oula?

- Call us with any **readings above 150/100**.
- Call us if you experience any of the **following symptoms:**
  - Headache, not relieved by Tylenol (975 or 1000mg), eating, drinking water, or resting.
  - Changes in vision, blurry vision, seeing spots, ‘floaters’, or blank areas in your visual field.
  - Extreme sudden swelling of your hands, feet or face.
  - Pain in your upper abdomen, central or right side, or wrapping to your back.
  - Severe heartburn.

New York

Soho Clinic

LOCATION
202 Spring St.
New York, NY

PHONE
(646) 889-2211
Fax: (917) 475-1014

EMAIL
hellonyc@oulahealth.com

Upper West Clinic

LOCATION
2875 Broadway
New York, NY 10025

PHONE
(646) 349-3220
Fax: (646) 346-5671

EMAIL
hellonyc@oulahealth.com

Brooklyn Clinic

LOCATION
109 Montague Street,
Brooklyn, NY

PHONE
(718) 400-8339
Fax: (718) 576-3434

EMAIL
hellonyc@oulahealth.com

Connecticut

Norwalk Clinic

LOCATION
255 Westport Ave,
Norwalk, CT 06851

PHONE
(203) 349-2950
Fax: (203) 616-4124

EMAIL
helloct@oulahealth.com

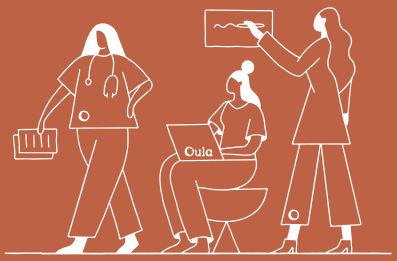
North Carolina

Cotswold Clinic

LOCATION
129 Greenwich Rd
Charlotte, NC 28211

PHONE
(704) 266-6454

EMAIL
hellonc@oulahealth.com



Oula

HELLO@OULAHEALTH.COM
OULAHEALTH.COM